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CONFIRMATION NO. 6841

<b>SERIAL NUMBER</b> 10/552,704	<b>FILING OR 371(c) DATE</b> 11/14/2005 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 05135
<b>APPLICANTS</b> Bodil Korshamn, Rindal, NORWAY; <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NO04/00081 03/24/2004 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>				
<b>** FOREIGN APPLICATIONS *****</b> NORWAY 20031717 04/14/2003 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/10/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>		STATE OR COUNTRY NORWAY	SHEETS DRAWING 2	TOTAL CLAIMS 4
Examiner's Signature <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span> Initials <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</span>		INDEPENDENT CLAIMS 1		
<b>ADDRESS</b> 23338				
<b>TITLE</b> Sleeping bag for children				
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	